

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		7/10/93
O.I.P.E. CLASSIFIER		20	7/17
FORMALITY REVIEW	HA	6390	7/24/93

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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